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ABSTRACT

The philosophy behind and the operations of the Iowa Migrant Action Program (MAP) are discussed in this 1972 annual report. In developing its programs, MAP emphasizes self-determination as a key factor in redirecting the migrant to a life style different from the one he has known. MAP's various projects are intended to economically upgrade the migrant seasonal farmworkers. In its manpower component, MAP offers such programs as Settlement, On-the-Job Training, Vocational Training, Adult Basic Education, and Direct Job Placement. Included in its migrant children's programs are 4 child development centers which MAP operates to aid the migrant child in developing self-identity, personal worth, and self-expression. MAP provides, in its health component, family clinics, emergency care, immunization programs, dental screening and follow-up care, health education programs, and physicals for children attending migrant summer schools. MAP has received funds from the American Freedom from Hunger Foundation to provide emergency housing loans to migrant seasonal farmworkers settling in communities in Iowa, from the National Drug Center to deal with the drug abuse problem among migrant workers, and from the North Iowa Library Extension. Complete funding data is included in this annual report along with a listing of MAP's board of directors, full-time staff, and part-time staff. (NQ)

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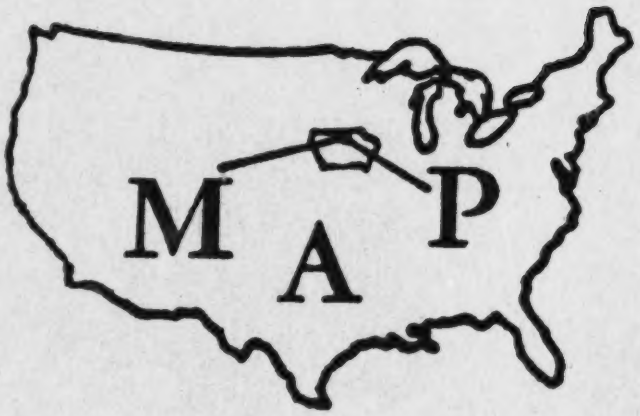

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PREFACE

MIGRANT FARMWORKERS

A National Problem

Migrant programs were begun in the mid 1960's to deal with a unique and somewhat embarrassing national problem, migrant farmworkers. It is difficult to realize, that as we enter 1973, vestiges of the slavery and peon systems still remain to haunt us. Although slaves and peons are terms long relegated to history books, their children now into the third and fourth generations are called migrants. Two to three million still pick cotton, fruits and vegetables, weed fields, and tend livestock. They still live in squaled shacks, go hungry, and are unschooled. They are still being exploited.

Each year rows of human backs are seen moving along crop rows in almost every state. Home bases are in the South from Florida to California. Home base does not imply a permanent home, because migrants move with the crops.

A minimum wage of $1.30 per hour is reported by the employers, but is seldom seen by the migrant. He is either already in debt to the employer for rent and food during rainy days or he is under the bonus system, whereby a percentage of pay is withheld until the end of season and then only paid at the growers whim, or the entire family contracts a field for a price under that of minimum wage or for countless other reasons.

The typical migrant family consists of five children. Annual income is $3,000. Parents have attained a fourth grade education. Children seldom attend a full year of school and as a result are almost two grade levels behind their peers. Field labor is the only kind of work they are

equipped to do. With mechanization taking over hand labor, another system--the migrant system, is fast becoming a past way of life, but the people live on. The problem still exists.

A State Problem

For over fifty years, migrants have come to Iowa to harvest sugar beets, asparagus, tomatoes, and so forth. Home base is the valley area of Texas along the Mexican border. Almost all are Mexican-Americans. All are Spanish-speaking. They work primarily in the Mason City, Muscatine, and Shenandoah areas. They are poor. A family of six seldom earns more than $3,000 per year.

During winter months Iowa migrants find some work in the long established ranchos of South Texas. In early spring, they migrate north. Iowa is one of the first stopping places. Asparagus and weeding sugar beets are early crops. From Iowa they work their way to Michigan for the cherry harvest, then perhaps back to Iowa for the tomato season, then the beet harvest, then on to turkey farms or whatever other work they may find, until they reach Texas again to begin the cycle anew. Cycle is a misnomer because it no longer exists as such. Field work is becoming scarce. There was no cherry harvest in Michigan last year and there will be no sugar beets in Iowa this year. Modern technology and more efficient farming methods eliminate the need for hand labor. Iowa's migrant population is fast diminishing.

As the Iowa migrant problem per se, comes to a close, a greater problem is presented. What alternatives for work do migrants have? They simply cannot sell themselves to the limited job market with a fourth grade education, no vocational skills, little command of English and no work experience other than field labor.

As low-income programs are being cut throughout the nation, the migrant in particular finds himself in worse straits than ever, he has never belonged to a community to participate in revenue sharing, he finds it more and more difficult to enter training programs. There is no money to enter vocational school. There is little in the offering for the future.

More poverty, more moving around, and "God will Provide" syndrome are the prospects for the migrants who have entered Iowa in past years, but who are forced to seek other work in other states.

Migrant Action Program

MAP was started in 1965 with a Head Start grant to teach children to read. Shortly after, MAP received funds from the Office of Economic Opportunity, Health, Education, and Welfare, and other sources as migrant needs were identified. MAP is recongnized by the Governor's office to serve migrants in Iowa.

MAP has wrought changes in legislature affecting migrants' living and working conditions and has always provided a single voice for migrant causes. MAP is pronounced with a tinge of 'compadreism' by migrants. They know that this is one office that will not discourage them from seeking assistance. This is one agency that will understand their problems and give direction for solutions.

Self determination is the guiding phrase under which MAP operates.

Realizing that migrant dependency on MAP could be disasterous in the end, MAP has sought to employ human development techniques of self assistance. As budgetary cutbacks are evidenced, there are fewer and fewer recourses to assistance. If the migrant is to survive he is forced to survive on his own merit. Denied the opportunity for education he must overcome next to impossible obstacles to succeed.

MAP will continue to emphasize self determination as a key factor to redirect the migrant as he is forced to take on a totally different life style than what he has known. MAP will continue to be the portal through which he enters a new way of life.

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PROGRAM GOALS AND ACTIVITIES

MANPOWER COMPONENT REPORT

Various projects, all intended to economically upgrade migrant seasonal farmworkers, were funded by OEO, Title III-B and private resources. Among these were Settlement, On-the-Job Training, Vocational Training, Adult Basic Education, and Direct Job Placement.

SETTLEMENT

MAP thoroughly evaluated past settlement programs in order to determine factors which contributed to or deterred settlement success. Results proved, among other things, that natural settlement patterns indicated that farmworkers only settle into areas with an already established Mexican-American population. Usually, a relative is already present in the community. It was also learned that the first twelve weeks of settlement determined the farmworkers intent to remain, depending on community reception and availability of assistance during this transition period. Sufficient job opportunities and housing were prerequisites to settlement.

There are only two natural migrant settlement points in Iowa. These are Muscatine and Mason City. Both are now experiencing job shortages and lack of housing due to over saturation effects.

A parallel was drawn between the settlement patterns of migrants and Iowa's own settlers. Most small communities

were founded by one ethnic group and remain so, even today. Importance of retaining customs, etc., of the fatherland is readily understood.

Since rapidly advancing farm technology is fast eliminating field labor and because many of the natural settlement sights are filled to capacity, MAP attempted to establish artificial "Host Communities" by implanting nucleus groups of migrants to form settlement points.

City councils in prospective "Host Communities" voted to assist in facilitating settlement. All organizations with potential for involvement were contacted. The community aided in locating housing, job training slots, or jobs. Upon the migrants arrival, many community based clubs, organizations, etc., extended invitations to the newcomers.

HOST COMMUNITIES

Lake Mills is one such community. This small town of 2,124 population with Norwegian backgrounds agreed to cooperate with MAP in settling farmworkers. Typical of these families is S.A. who arrived with three other families at the MAP office without money, food, or gas at the end of a long trip from the Texas/Mexican border. Total annual income for

1971 was $2,000 which was earned in tomato and cabbage fields. He could not support his wife and child on this small amount. MAP was able to purchase food stamps, advance the first month's rent on a small apartment in Lake Mills and place S.A. into On-the-Job Training. After two weeks of training, he was granted a one week leave of absence to bring his wife and new baby to Lake Mills. Training also consisted of learning the community structure. Upon completion of O.J.T. and a basic education program, S.A. was placed in a permanent job. His wife started working shortly after. They now enjoy an annual family income of $12,480 or a 624 percent increase in earnings. They have joined community, religious, and social organizations. They have indeed become contributing members of Lake Mills. Relatives and friends from Texas joined them after a few months.

Five other families in Lake Mills can now boast a similar story:

	Annual Family Income 1971	Anticipated Family Income 1972
Family A-2 members	$1,300	$12,480
Family B-3 members	2,000	12,480
Family C-6 members	3,250	6,552
Family D-4 members	2,923	12,480
Family E-1 member	900	6,552

Hopefully, artificial settling points will begin in other areas of the nation to accomodate migrants who are fast being forced to seek alternative livelihood other than farm labor.

ON-THE-JOB TRAINING

Thirty-seven farmworkers participated in On-the-Job Training. MAP was able to reimburse employers a percentage of wages paid to trainees for a stipulated period of training. Skills ranged from electrical house wiring to refuse center manager.

It was discovered that most employers prefer to employ and train within the company, rather than contract training assignments. Most were not interested in reimbursed wages for training time. It was evidenced that direct placement was much more accepted by Iowa employers.

DIRECT JOB PLACEMENT

More success was realized by MAP in direct job placement than O.J.T. One hundred and forty-two farmworkers were placed into jobs throughout the State by the Manpower staff. Direct job placement entails much more than obtaining a job. Housing must be located and food stamps will probably be needed until the first pay check arrives. Furniture must be found, etc.

MAP was able to loan migrant seasonal farmworkers their first month's rent and utility deposit through a grant from American Freedom from Hunger Foundation.

ADULT BASIC EDUCATION

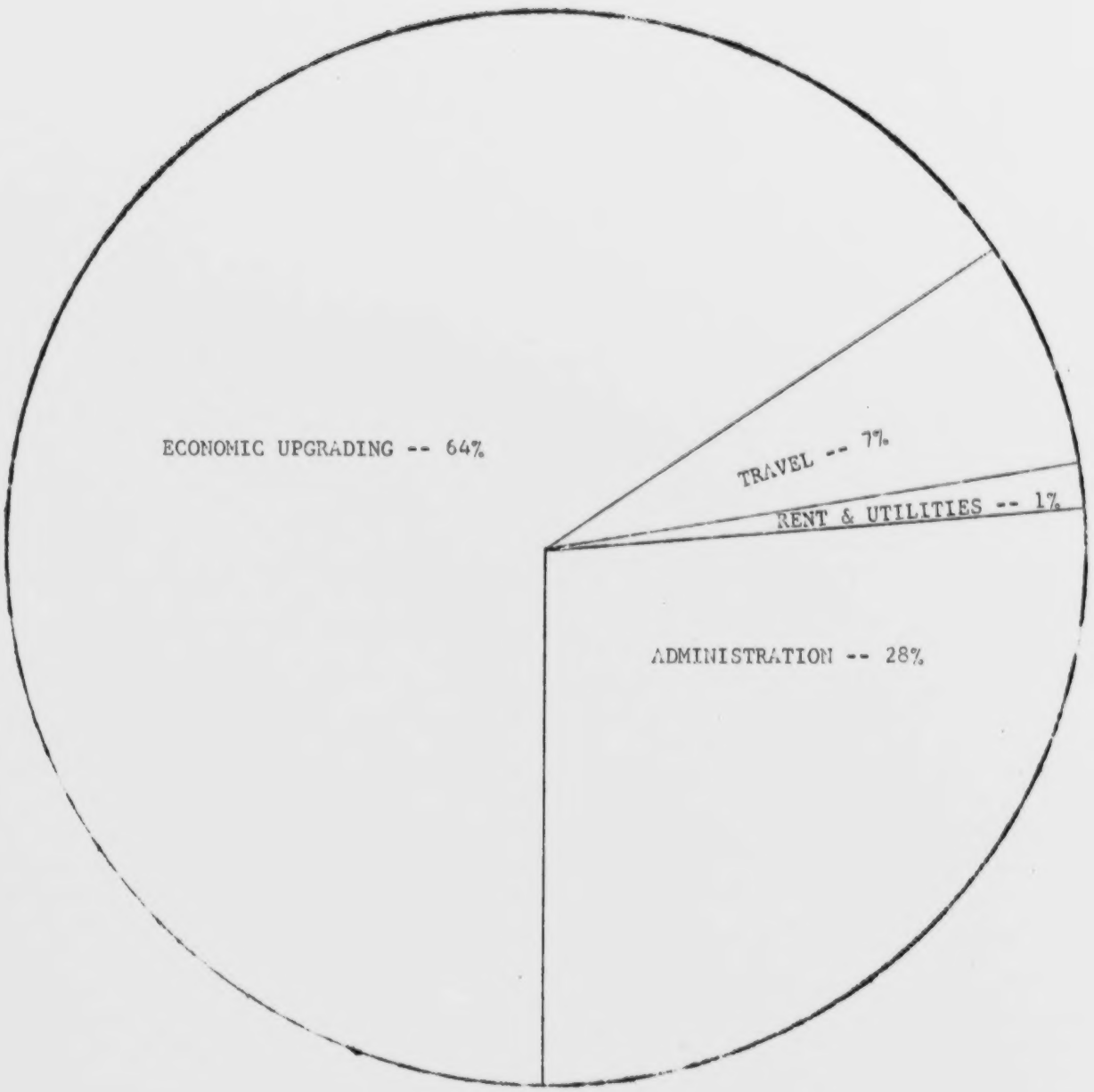
Iowa is fortunate to have a system of Area Colleges throughout the State. Area schools cooperated with MAP in establishing ABE courses in Mason City, Estherville, Shenandoah, Muscatine, and Ellsworth. An average attendance of eighty migrants came to the learning centers three nights a week after having worked many hours in the fields.

Curriculum was made up of day to day problem-solving techniques, English, information regarding Social Security, food

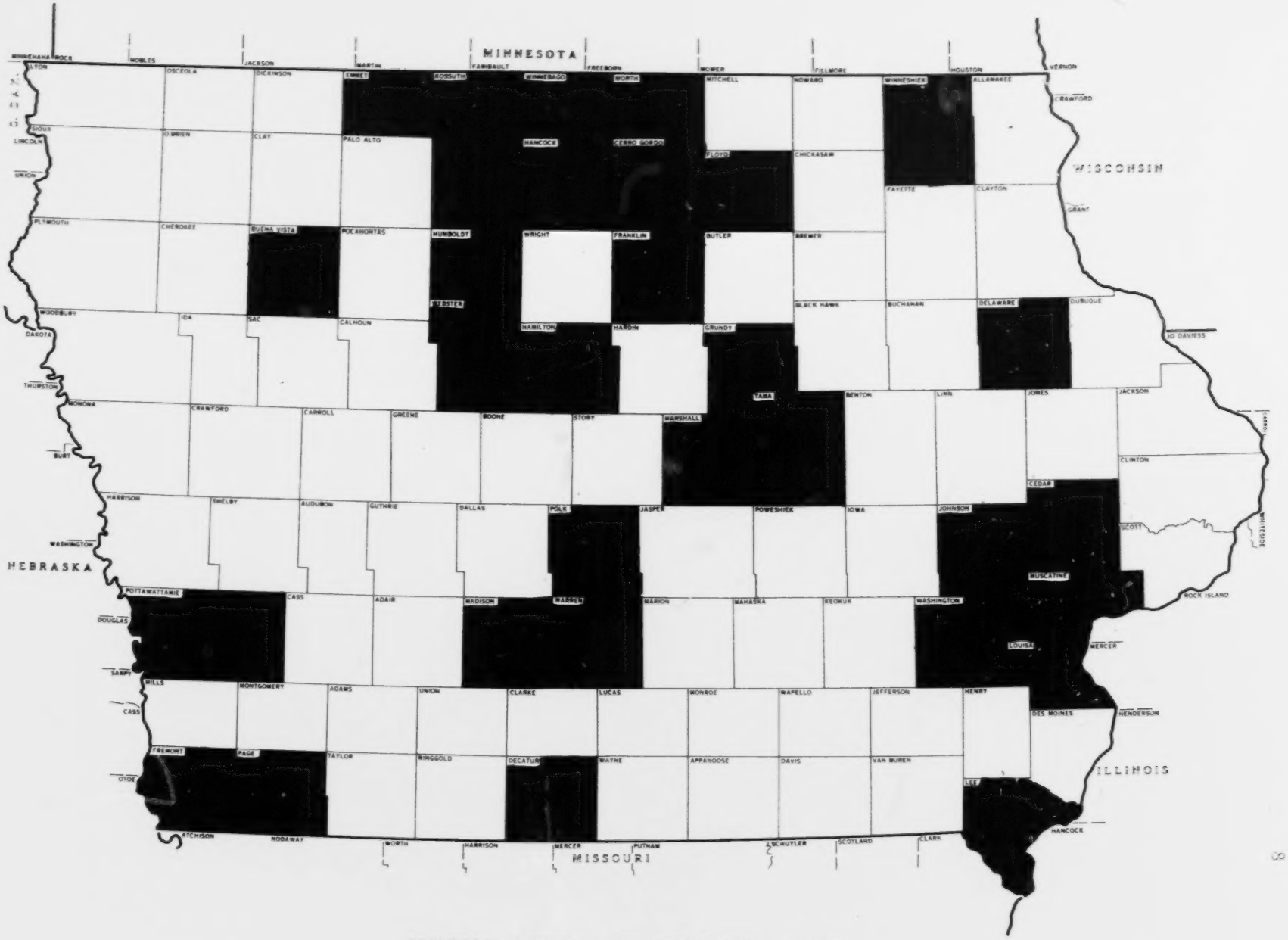
stamp applications, etc. Participating colleges included North Iowa Area Community College, Iowa Lakes Community College, Iowa Central Community College, and Muscatine Community College.

ABE classes were combined with On-the-Job Training and Vocational Training whenever possible to include work related vocabulary, employers expectations, employee obligations, etc., in order to better prepare the migrant for his new vocation.

In addition to these projects, forty-three migrants were referred to jobs through the Iowa State Employment Security Commission, six were referred to High School Equivalency Program (HEP), and three were referred to ADC and related welfare programs.



HOW THE OEO TITLE III-B DOLLAR IS SPENT BY MAP



COUNTIES SERVED BY MAP TITLE III-B STAFF

MIGRANT CHILDREN'S PROGRAMS

1972

In an effort to aid the migrant child to more fully develop self-identity, personal worth, and self-expression, MAP operated four child development centers in which eighty children participated. Funds were received for Head Start from the Office of Child Development and for Day Care from the State Department of Social Services. These two projects operated jointly in order to provide full services to children ranging in age from 0 through 5 years. Before children centers were established by MAP, mothers took their children to the fields from early morning to late evening. Babies were simply moved up from row to row enabling mothers to watch them while working. Younger children fended for themselves at home. Little pre-school home education resulted from this arrangement. Upon entering school, the migrant child was most often considered an underachiever.

The manner in which a child inter-relates with playmates, teachers, and family is the basic building block for self-assurance to acquiring further skills in the learning process. Play with purpose is most important. Comfortable surroundings and an overall pleasant, cheerful atmosphere are primary requisites for a successful center. Because of limited funding, MAP found it necessary to seek community assistance to provide donated facilities for centers. The United Methodist Church, Reinbeck; Thompson Elementary School, Thompson; Zion Lutheran Church, Rake; Roosevelt Elementary School and Trinity Lutheran Church, Mason City; and Our Savior's Lutheran Church, Muscatine proved to be more than adequate and contributed greatly to the overall success of the centers.

In order to lessen traumatic set backs in development stemming from the sudden transition of the child from home to a totally different "school" setting, MAP sought to employ only bilingual, Mexican-American male and female teachers and aides. Staff was thoroughly trained in child development by outside consultant and local resource professionals.

Transition problems were considerably few. Most of the children felt comfortable and assured even in the first week. A combination of familiar Mexican food with unfamiliar "other" food was served. This, perhaps more than any other innovation contributed most to an effective development center. Learning materials were presented in both Spanish and English. The child was encouraged to relate in whichever language he felt more comfortable, however, English was emphasized whenever possible. Games and play time were geared to already familiar activities, such as pinatas, Mexican children's songs, along with new games, such as band, dramatics, puzzles, etc. All play time activities contributed to the enrichment of sensory awareness, perceptual, visual skills, as well as social adaptation development. The employment of a psychologist was particularly important as a responsible measure of progression for each child.

Field trips proved to be as much fun as they were educational. A whole range of activities, from visits to fire stations and wild-life museums to picnics and nature hikes were introduced. Swimming lessons at the Y.M.C.A. were fun, as well as practical.

Parent participation is important for on-going child development in the home through increased awareness of developmental activities for parents to persue outside of school, as well as to strengthen awareness of the family unit and the corresponding importance of each member. Parent involvement activities consisted of "graduation" parties, community picnics, fund raising, training sessions, etc. A particularly successful event was a parent/community dinner in Muscatine. Mexico's Independence Day was the celebration, Mexican food was the fare. Everyone enjoyed the day and profits encouraged on-going parent sponsored activities.

The health programs endeavor to improve the child's present function by finding all the existing health defects, remedying these and then carrying on a program to insure the child's future health. The most prevalent health defects found in the migrant children are malnutrition, pediculons, dermatitis, (usually due to poor hygiene habits), and poor teeth. Health services offered to the migrant children are dental check-ups and follow-up care, physicals, (referrals as deemed necessary by the doctors), audio and visual testing and general teaching of good hygiene practices.

CASE HISTORIES

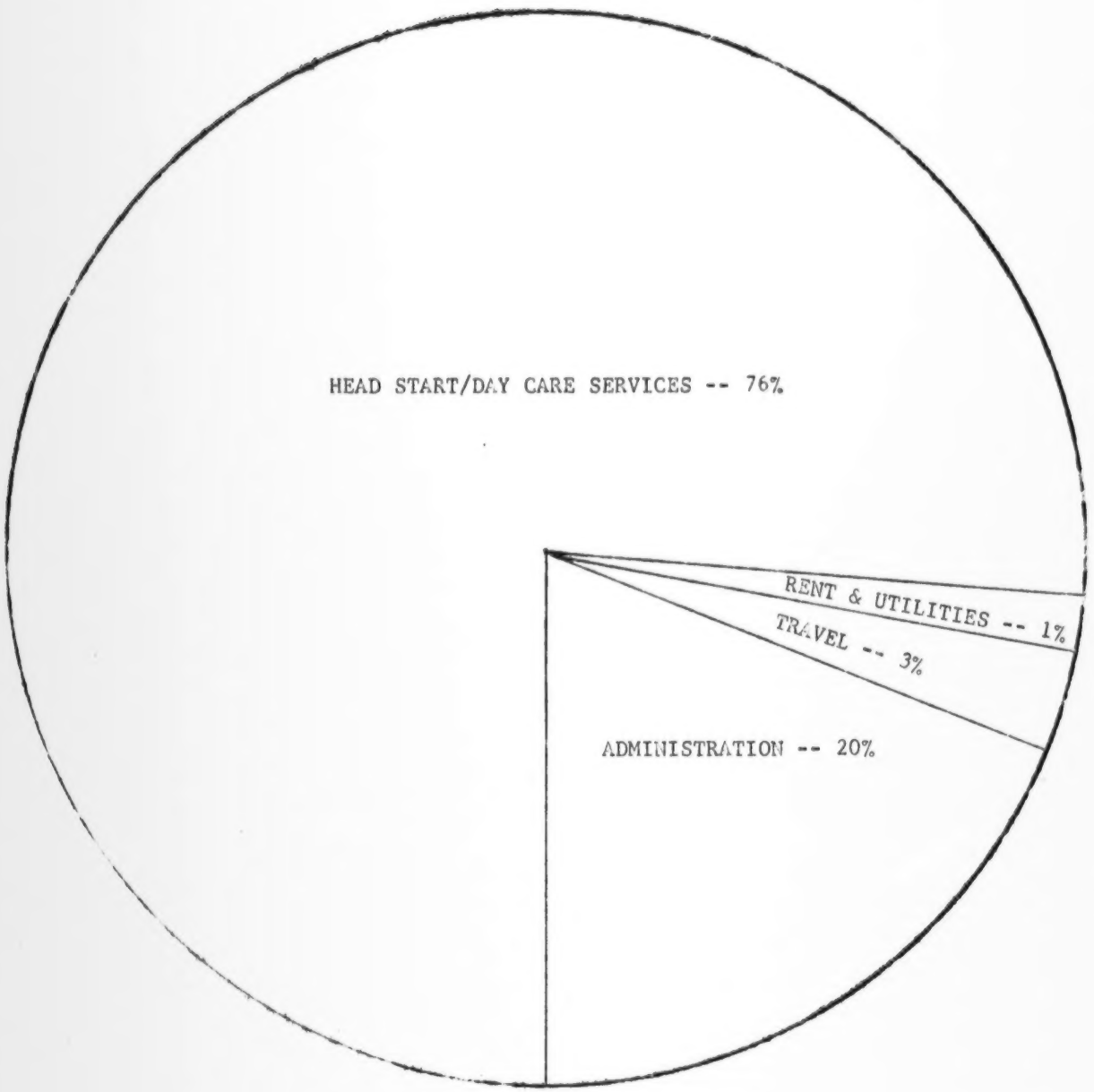
J.M. was a five year old, eldest child of four. Prior to the opening of the MAP center, J. was responsible for his brothers and sisters, including a six-month old baby, from early morning to late evening while his parents worked in the fields. Before entering school J. had been so preoccupied with his charges that social development had been overlooked. When the purposes of his existence were removed, insecurity resulted. Reactions were violent. Fear, mistrust, and immediate loss of identity were evidenced. J. remained silent and sullen. He would not participate in play nor would he eat.

After a psychological evaluation, recommendations for improvement were put into effect. A gradual regaining of self-identity and social awareness occured. Summer school proved to be far too little time to effectively improve J.'s self-image. It is doubtful that he would be enrolled in another Head Start program when field work ends and parents move on. Hopefully, the family will return next summer and progress will continue. Typically, they will not. One can only conjecture as to J.'s present state of affairs, hopefully, he will look back to the pleasant experience of summer school and this rememberance will serve as a building block for future development.

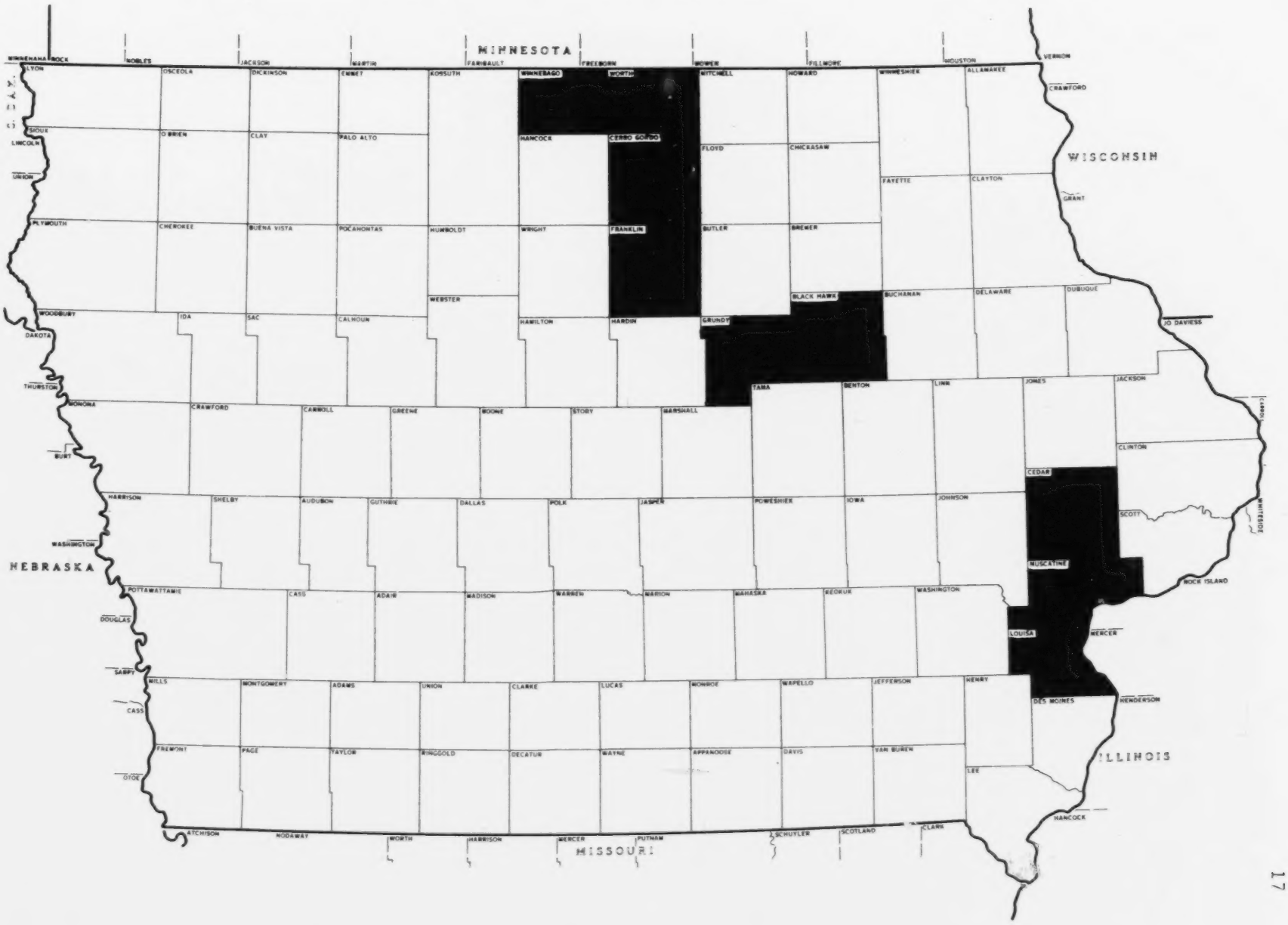
F.G. is a four year old male, an only child. F. had seldom left his mother's side before attending school. The transition from home-life to a school setting was traumatic. F.G. spent most of the morning crying and vomiting. He hid in a corner and would not eat. A doctor examined F.G. for a possible physical disorder. The doctor determined that nerves caused the vomiting and referred F. to the psychologist. After carefully reviewing the case an analysis of the problem was offered. Nervousness caused by fright seemed to be the cause of F.'s problem. A teacher's aide was assigned to work with F.G. on a one-to-one basis

in order to assure and reassure that he need not fear her. After three days all vomiting ceased. After one week F.G. ate regularly. Within two weeks F.G. began to express interest in his peers. The teacher's aide was reassigned and upon completion of the twelve week program F.G. was judged by the psychologist as having attained perfectly normal behavior patterns. Hopefully, F.G. will look forward to his next "school."

If F.G. had not been able to participate in the Head Start program, he could have experienced the same trauma upon entering elementary school, which could have caused a retention of learning, thereby deterring future progress.



HOW THE HEAD START/DAY CARE DOLLAR IS SPENT BY MAP



COUNTIES SERVED BY MAP'S CHILDRENS' PROGRAMS

MIGRANT HEALTH PROJECT REPORT

1972

The Migrant Action Program's Health Component believes that in order to have a better education and therefore better jobs, the migrant must first attend to his health problems. It is on this principle that we assist the migrant seasonal farmworker improve his health and the health of his family. MAP provides for him: Family clinics, emergency care, immunization programs, dental screening and follow-up care, programs for health education, and physicals for all migrant children who attend the Head Start, Day Care, and Title I Summer Schools.

NURSING STAFF

The Health Nursing Staff consists of the Health Coordinator, a Registered Nurse, who supervises the operation of the Health Component; one full-time Registered Nurse working out of the Mason City office; and three Registered Nurses working on a part-time basis at the peak seasons in the areas of farmworker concentration. Also, this summer we had a bilingual Student Nurse who worked with all our nurses.

There were many who donated their services to the families in their areas. At each of the seven family clinics held in Mason City, we had a bilingual Registered Nurse. In the Reinbeck area, Dr. W. H. Verduyn again donated his services to the migrant families during their stay.

PUBLIC HEALTH SERVICES

220 patients were seen by physicans with a total of 433 visits

25 migrant women were referred to Family Planning

9 migrant children were given well-child care

27 migrant women were given pre-natal care

6 migrant women were given post-natal care

5 new-born within our area, a set of twins girls included

105 immunizations were provided

27 patients were hospitalized for a total of 143 days

566 camp visits were made by the Health Staff

89 households served with a total of 301 person in these households

68 visits were made to Head Start and Day Care centers by the Health Staff

The Nurse wears many "hats." She keeps a "watchful eye" on the problems of sanitation, distributes clothing and household goods, helps find housing, serves as a liason between doctor and migrant and is always an understanding friend.

GENERAL DESCRIPTION OF HEALTH SERVICES

The counties of Cerro Gordo, Franklin, Worth, and half of Hancock are covered by the full-time Project Nurse working from the Mason City office. Due to a larger concentration of migrant families in this area she has another part-time Registered Nurse and a Student Nurse working with her. The first families in this area

begin to arrive at Hampton around the middle of March. Many have been coming to this area for many years and are good friends of the Nurses and the Migrant Action Program. Most make us aware of their arrival by a telephone call or a visit to the office, because at the end of their trip from Texas they need assistance with emergency food and alway a few will need health care.

Almost immediately, the Nurse will make her first visit to their camp. She spends many hours on these first visits, renewing old friendships, bringing medical histories up to date, brings warm clothing, and helps the migrant family in any manner she can. Thereafter, all camp visits are made to determine their well-being; if in need of medical attention she makes the necessary appointments and/or has their prescription medications filled.

MIGRANT CLINICS

Early in the spring, in April or the first part of May, we began making our plans for the family clinics held in Mason City. Arrangement is made with the local hospital for the use of a facility in the Out-Patient section and a meeting is arranged with the Cerro Gordo Medical Society to discuss the scheduling of the clinic dates. The first week in June is usually the time of our first clinic and they run every two weeks throughout the summer months, for a total of seven or eight clinics in all. We have enjoyed the cooperation of the Cerro Gordo County Medical Society and its members.who are sincerely interested in the health problems of the migrant and his family. Again this year, several medical students from the University of Iowa assisted at the clinics.

Dental evaluation clinics are held in the Mason City, Reinbeck, and Lake Mills areas for the migrant children. Most of the dental work is finished before the families leave the area.

NURSING SERVICES

In the Reinbeck area the season begins on June 1 for six weeks. We have one Registered Nurse who works during this time. All of the migrants she serves work the asparagus fields and live in one camp owned by the canning company. There is good community rapport and she also has working with her, a physican who has served as a Migrant Action Program Board member and who is keenly interested in the migrants' health. The nurse also visits the Day Care and Head Start centers provided by the Migrant Action Program in the Reinbeck area.

One Registered Nurse works during the peak season, June through August, in the three county area of Kossuth, Winnebago, and half of Hancock County. She too made visits to the Day Care and Head Start centers in the Thompson/Lake Mills area.

The nurses visit each family in their area at least every ten days and where illness is known, the visits are as often as needed. The County Public Health Nurse plays a very important part on our health team. She is our contact person once the migrant is no longer eligible for our agency, our resource person and many times gives us a helping hand in the name of "Nurse." Much assistance has been provided to the Health Program by the Iowa State Department of Health, Maternal and Child Health Division, by allowing us additional funds in the amount of $7,500 for use in the field of maternal and child care. This continuing support and interest is greatly appreciated.

PLANS FOR THE FUTURE

There is one geographical area in which a more comprehensive health program must be implemented. This is in the Shenandoah area. There is not a Public Health Nurse in the county so contact with the migrant and his health needs have been mostly through an Outreach Worker. Because of the distance, our health visits have been widely spaced. We see a great challenge in this area and even though we at the Migrant Action Program cannot solve all the problems, the ...

Iowa Public Health Action Board, which our nurses have served on as resource persons, are much involved in issues affecting the health of our citizens. Presently, they are pursuing migrant legislation, a broad definition of the migrant and elimination of provisions in current law that defines Migrant Camps as having minimum population. Present law says only if the "camp" has seven persons can it be inspected for sanitation, etc. Another is the up-dating of the child labor law. There has been a Chicano inspector appointed through the efforts of this Board.

The Health Component has experienced a very productive year in the area of health services. It is very clear that the on-going health program is paying off; the fewer seen at clinics and the lower numbers of immunizations given this year are evidence of fewer illnesses. As always, we give credit to the Nurses in that without their dedication to all aspects of the farmworkers' health problems, the health program would not be as all encompassing as it is. She is truly the farmworker's friend in a "foreign land." Knowing of her many frustrations in not being able to be everywhere that she is needed, we are looking forward to the coming year in which we hope to add to our staff, bilingual health aides. We see these persons coming from the target population. They would enter into the program of career development, the goal being a high school diploma, ultimately entering the nursing field, and coming "full circle" back into the program as a Project Nurse.

We see the great challenge before us in expanding related health services as we strive to raise the health status of the migrant and his family.

CONSULTATION AND SUPPORTIVE SERVICES FROM OTHER AGENCIES

1. Private physicans and dentists, specialists, opticians, regarding medical problems.

2. Iowa Department of Social Services: Consultation with their representatives concerning the areas of ADC, welfare assistance, Day Care licensing procedures, etc.

3. County Offices of the Department of Social Services: Assisting in the certification of migrant families for food stamps.

4. County Relief Societies: For help and information in dealing with problems of migrants with matters under their jurisdiction.

5. Iowa Division of the American Cancer Society: Pamphlets for distribution also concerning danger signals for cancer, both Spanish and English translation, the loan of equipment.

6. Iowa Heart Association: Information bulletins for distribution among migrant families.

7. Iowa State Department of Health: Pamphlets pertaining to many health problems written in Spanish as well as English.

   Free biologicals and immunization material obtained from the Division of Preventive Medicine. There were a total of 105 immunizations given by the nurses of MAP during this past year.

   Consultation and assistance from the Field Representative, Mr. Paul Ogilvie in the matter of migrant health in the State of Iowa.

   Consultation with Mrs. Bernice Wilkins, PHN, Reg. Director II-B Iowa State Public Health Nursing Association, and assistance in specific health problems of the migrants.

8. Iowa Regional Medical Program: Consultant Services.

9. Iowa University School of Medicine: Services of the audiology team during our summer school.

10. Franklin County Relief: Inclusion of two migrant adults in their quota for a total of 3 hospitalizations and assisting a migrant to receive services from aid-to-the disabled.

11. Iowa's State Services for Crippled Children: Inclusion of several migrant children among those seen at the audio clinic set up in Clear Lake.

12. Community Action Program Workers who have assisted us in obtaining information pertaining to migrant families in outlying areas who we felt might be in need of health services.

13. Iowa Family Planning Services: Twenty-five young mothers were placed on family planning.

14. Texas State Department of Health: Referrals for follow-up and continuity of care.

15. North Iowa Library Extension: Health movies and books for home visits.

IN-KIND CONTRIBUTIONS

As in past years, this year we again had the generous assistance of many people who give of themselves to help others, and to whom we owe a constant debt of gratitude:

1. Cerro Gordo Medical Association and their Chairman of the Public Health Planning Board, Dr. George West, who worked with us in arranging the clinics for the migrant workers and their families.

2. St. Joseph's Mercy Hospital whose administrator, Sr. Mary Sharon, allowed us to use a section of the out-patient department for our clinic, and shared a sincere interest for our families.

3. Staff Members of St. Joseph's Mercy Hospital who assisted during the evening clinics.

4. W. H. Verduyn, M.D., of Reinbeck, Iowa, who donated his services to the migrant workers and their families while they were in the Reinbeck area.

5. Madeline Donnelly Healy, M.D., who gave physical examinations to 68 children during the Mason City migrant summer school program.

6. Mrs. Ann MacGregor, R.N., (bilingual), who worked at evening clinics again this year.

7. John K MacGregor, M.D., for his continuing concern of migrant problems.

8. R. C. Swale, D.D.S., for continued care of all school children.

9. Public Health Nurses in surrounding areas for their close cooperation and assistance.

10. The Hampton Service Club that provided funds for three pair of glasses for individuals in the Hampton area.

11. Farmer's Optical Company for close cooperation and assistance to the migrant workers.

12. Hamilton County for furnishing transportation and plane fare to return one ill migrant to his Texas home base.

13. Iowa State Department of Health, Division of Preventative Medicine: Biologicals furnished.

14. The many groups that provided health kits to be given to the children at the beginning of the summer school program.

CASE HISTORIES

Mrs. H. is a 38 year old migrant mother of eight children who had a sudden onset of abdominal pain in the night. X-rays revealed a non-functioning gall bladder and many large stones. She was sent home on a conservatives treatment of a fat-free diet and medication for pain. Later that day she again had a severe attack and an emergency cholecystectomy was performed. Her post-operative recovery was hampered by much pain seemingly unrelated to her surgery. Because Mrs. H. had had this same pain off and on the last four years and no diagnosis had ever been made, the doctor made extensive tests and x-rays. It was discovered she had a very large kidney stone and the doctor said surgery was necessary as soon as her strength was regained from the other surgery.

Three months later she was admitted to the State University Hosptial and surgery was performed for the removal of the kidney stone. After an uneventful post-operative recovery, she returned to her family.

Mrs. S., a 45 year old Spanish-speaking mother who had always worked in the fields, was now becoming almost unable to work at all, because of very painful wrist joints. She found it necessary to take medication almost continually. The doctor felt that surgery was the only help for her condition. The surgical procedure, a bi-lateral release of the corpal tunnel was done and her hospital stay was short. Upon her return home, her instructions were to do no work; even household work and since her hands were still heavily bandaged, she was to keep them elevated. She had a very low threshold for pain and also became very depressed.

When the sutures were removed, a short exercise program was set up for her. Since she was in desperate need of getting back to work in order to support her family, she over-exercised and caused herself much physical and mental anguish.

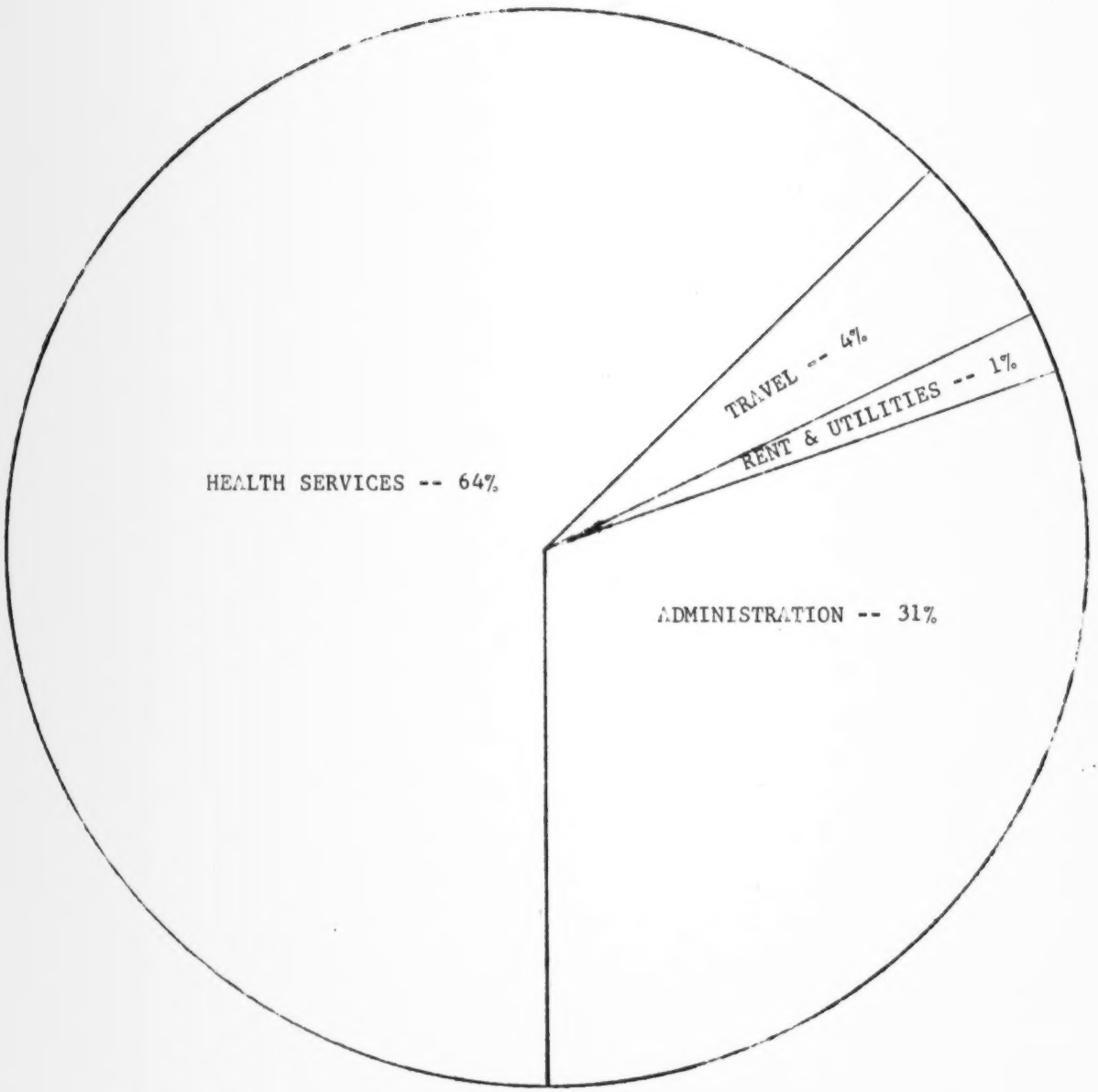
Mrs. S.'s progress was very slow and it was necessary for her to stay on medication for a great deal of time. She was not eligible for any welfare whatsoever due to peculiarity of regulations. She is now able to function well with her hands, but does continue to have pain which requires some medication most of the time. It is doubtful that she will ever be able to weed fields again.

S.C. is a 19 year old farmworker who had a sudden attack of appendicitis and and emergency appendectomy was performed. His hospital stay of seven days was very trying for him because of his being unable to communicate with the hospital personnel. About three weeks after his dismissal from the hospital, he sustained a fall and was again admitted to the hospital and a diagnosis of concussion with temporary loss of vision and trauma to the ribs was made. After a stay of one day, he was dismissed only to return in five days with symptoms of idipoathic vision loss. His physican asked for consultation with a neuro-surgeon in view of the fact that S.C. has made two attempts at taking his life, and because of his hysterical state. It was advised that he be sent to Iowa City Hospital for an evaluation. Arrangements were made and a Spanish-speaking member of MAP staff accompanied him to serve as an interpreter. After completing all necessary tests, he was dismissed with the diagnosis of tension and hysteria, no apparent injury, and temporary blindness caused by the hysteria. Because of his unstable condition several of his friends gathered enough money between them to pay his trip back to his home.

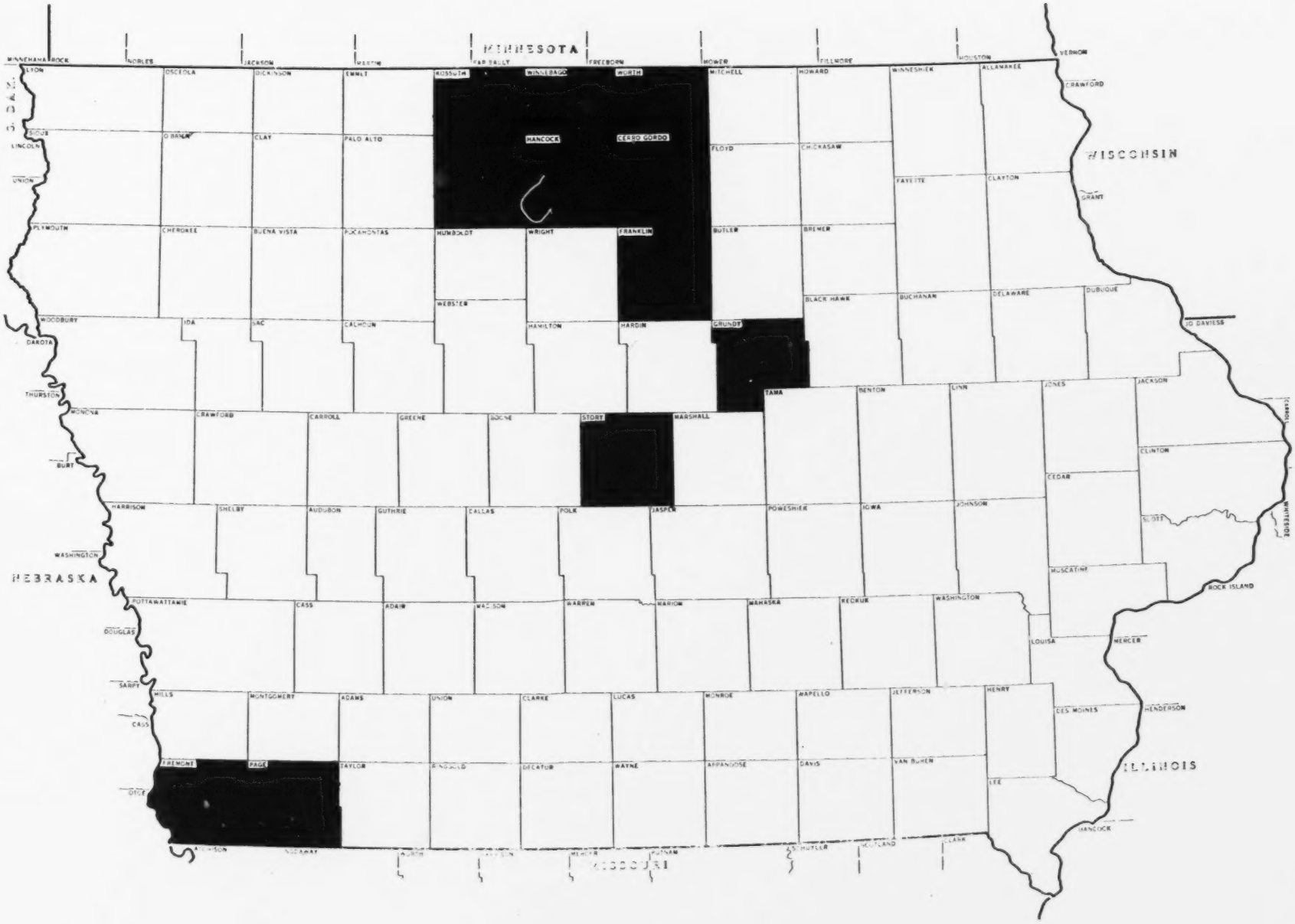
Roberto B. is a 4 year old son of young migrant parents who, upon his arrival to the area in early spring, was a very ill little boy. Since his parents had been in the area before and were familiar with our health service procedures, took him directly to the doctor. The doctor notified the MAP nurse that immediate hospitalization was necessary. Arrangements were made for his admittance into

a small hospital in the area, where his parents were working. A diagnosis of right lower lobe pneumonia was made. He was put on oxygen and intravenous therapy. At 2:30 a.m., on his second hospital day, the nurse received a call from the doctor telling her the child was critically ill and he wished to transfer the child to a larger hospital thirty miles away. The child was transferred to this hospital and was a patient there for seven days under care and treatment. He was then dismissed with orders for vitamins and limited activity. The nurse made periodic Check-ups to see he continued his orders and in a short while he was back doing a normal 4 year old's routine.

M.E. is a 6 year old son of migrant parents who has a congenital nystagmus. Even though he had been seen by many doctors, nothing specific has been done, apparently due to his age. Early this past summer, an eye specialist examined M.E. and prescribed glasses. The examination was very limited due to the alternating nystagmus. His learning powers were seemingly slowed because of this eye condition. Permission was given by the parents to have M.E. evaluated at the Mental Health Clinic because this evaluation was necessary to get M.E. into a special education unit. After all psychological testing was done M.E. was recommended for medication if his hyperactivity was not lessened by a quiet situation and this special educational help. At this writing, M.E. is progressing nicely and enjoys the special help he is receiving.



HOW THE H.E.W.-MIGRANT HEALTH DOLLAR IS SPENT BY MAP



COUNTIES SERVED BY MAP HEALTH STAFF

OTHER ACTIVITIES

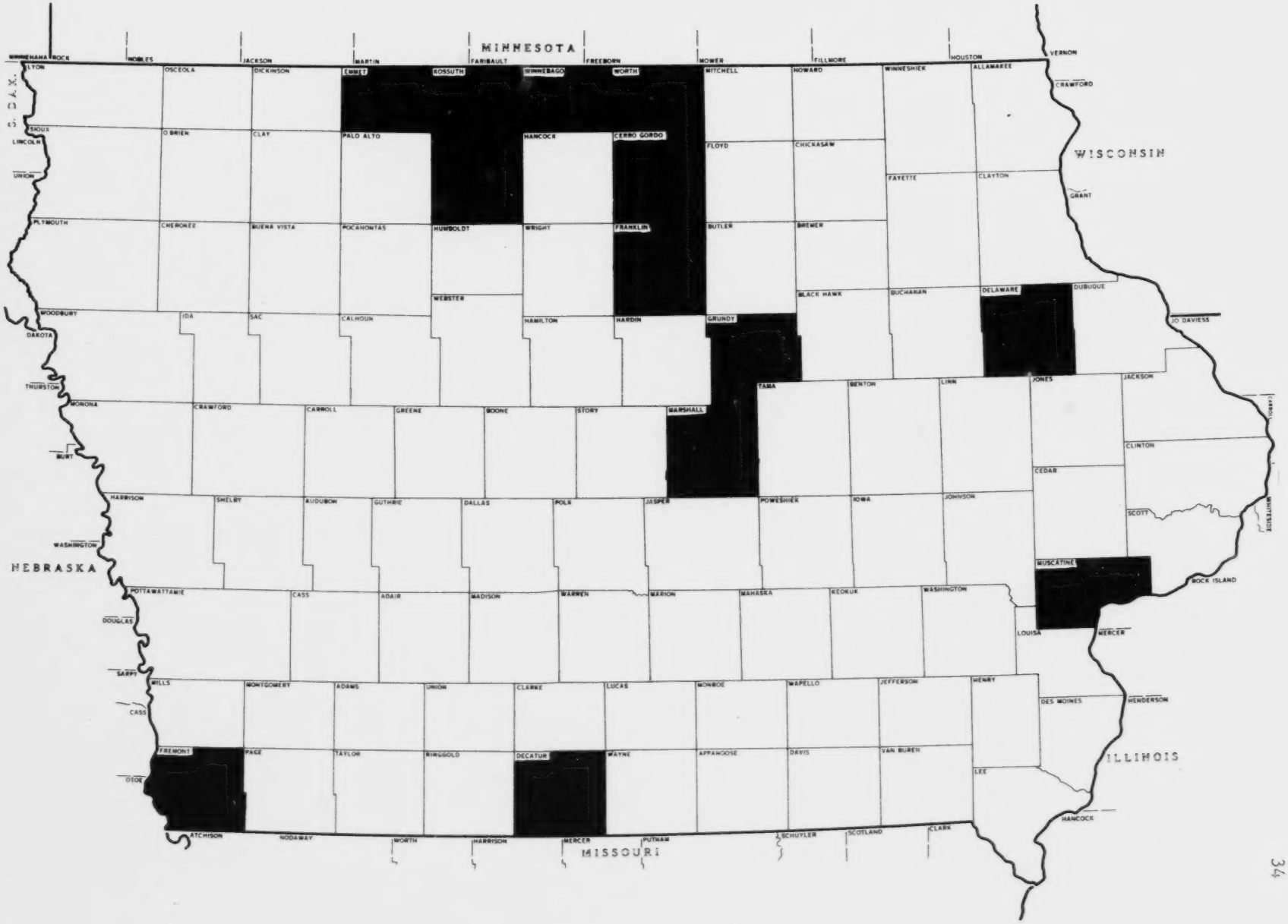
EMERGENCY FOOD AND MEDICAL SERVICE

MAP received a contract for $20,000 from United Migrants for Opportunity, Inc. of Michigan to be spent for emergency food and food stamps. Of this contract, $7,000 was subcontracted to Muscatine Migrant Committee specifically for Muscatine farmworkers.

Migrants arrive for work tired, with empty pockets, and no food, expecting to begin work immediately. Because of Iowa's wet spring weather, field work seldom begins as scheduled. They msut eat and have no alternative except to seek food stamp assistance. Food stamps cost money. Regulations must be met regarding housing, cooking facilities, anticipated income, etc., in order to qualify for stamps. Net income is the base used to determine the cash requirement and amount of bonus. Food stamps are issued free of charge only when the recipient has had no income. MAP may pay for the cost of food stamps when the family is eligible or purchase emergency food when need conflicts County food stamp schedules. Authorization is not to exceed $1 per day per person for a maximum of thirty days.

A law student was assigned to MAP through the EFMS Contract to clarify regulations, arrange appeals, and persue court cases involving denials.

The number of farmworker families assisted by the EFMS program was 416 with a total of 1,855 individuals.



COUNTIES SERVED BY EFMS PROGRAM THROUGH MAP

WALK FOR DEVELOPMENT

The Migrant Action Program has received funds through the American Freedom from Hunger Foundation in the amount of $2,985.13. The funds to MAP come primarily from the efforts and concerns of young people participating in area development walks. These walks are sponsored by individuals, groups, and organizations in the community who pay a rate per mile for an individual or individuals to participate.

These funds were received by MAP for the purpose of providing emergency housing loans to migrant seasonal farmworkers settling out into various communities in the State.

Funds received were from development walks conducted at Pella, Iowa; Long Praire, Minnesota; Flandreau, South Dakota; Hartford, Connecticut; and Danbury, Connecticut.

DRUG ABUSE MINI-GRANT

A two week training seminar will be conducted by the National Drug Center, U. S. Office of Education. A team consisting of seven community members from all walks of life has been formed. MAP would hope to serve a two-fold purpose in dealing with the drug abuse problem among migratory workers in the State of Iowa: (1) introduce an "enlightenment program" through existing programs such as adult education, health services project, outreach workers, etc., and (2) refer those migrants who can be identified as having drug problems to agencies equiped to handle drug problems.

Upon completion of training the team will involve itself in preventive drug abuse tactics within the community as well as with migrants.

NILE - Program for the Disadvantaged

The North Iowa Library Extension received a grant of $15,328 to be utilized by three agencies: Migrant Action Program, North Iowa Community Action Organization, and Alcoholic Coordinating Center.

The basic object of this project is (1) to provide a vehicle to close the communication gap between the community goals and the target population and (2) to create an interaction to recreation, education, and communication through books, films, and other media in education. In this way, MAP is assisting the migrant seasonal farmworker and his family to participate more fully in community affairs.

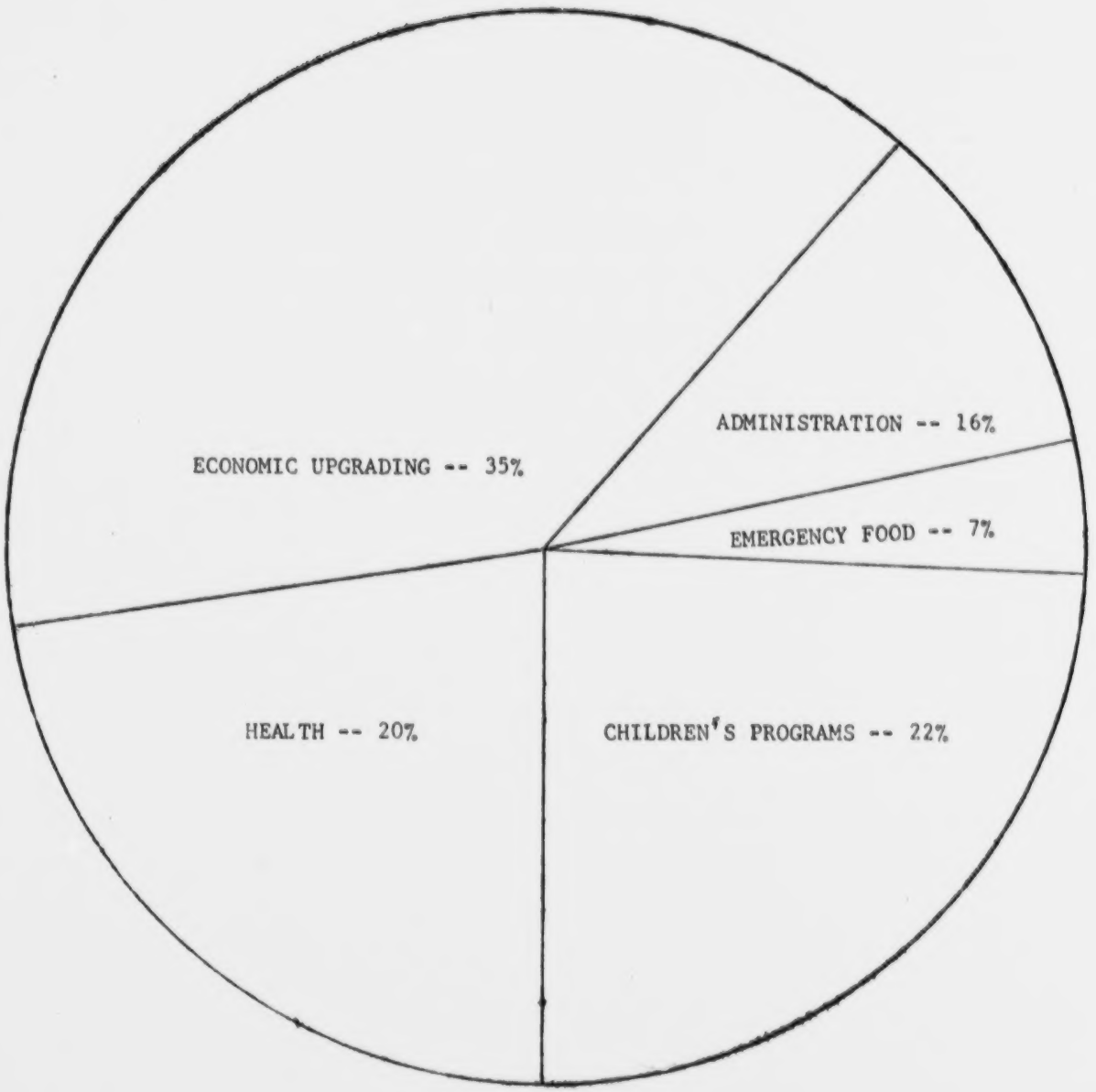
Due to the uniqueness of the Spanish-speaking people, this project will try to establish a new approach and strategy to assist the migrant adapt to community expectations.

Ten farmworker families arranged for movie showings and library presentations in their homes for neighbors and friends throughout the summer months. The families enjoyed this congenial approach to learning. Discussion centered around problem solving techniques, Social Security benefits, simple home and auto repairs, consumer education, etc. Approximately sixty families participated in these sessions arranged by NILE.

FINANCIAL REPORT

FUNDING DATA

PROGRAM	FUNDING SOURCE	AMOUNT AWARDED
Administration & Economic Upgrading of Migrant Seasonal Farmworkers	OEO Title III-B	147,000
	United Migrants for Opportunity, Inc. (Emergency Food)	20,000
Health Services	HEW-Public Health Service	47,500
	Iowa State Dept. of Health	10,500
	HEW-Office of Education (Drug Abuse Training)	1,580
Summer Head Start	HEW-Office of Child Development	36,800
	Iowa State Dept. of Public Instruction (Head Start Food)	3,510
Day Care	Iowa State Dept. of Social Services	20,606
	Iowa East Central TRAIN	4,000
Other Services	Non-Government (Private Donations, Churches, Hunger Walks, etc.)	5,000
	TOTAL FUNDING	296,496



MIGRANT ACTION PROGRAM FUNDING GRAPH

APPENDICES

MIGRANT ACTION PROGRAM

Board of Directors

1972

NAME	AGENCY OR GROUP REPRESENTED
Richard Ramirez, Chairman	Migrant Representative
Nick Aguilera, Vice-Chairman	Migrant Representative
Fidel Sanchez, Acting Treasurer	Migrant Representative
Mary Hagen, Secretary	North Iowa Community Action Organization
Frank Alaniz	Migrant Representative
Victoriana Alarcon	Migrant Representative
Father Elliot Blackburn	Mason City Ministerial Association
Robert Brower	State Department of Social Services
Max Escobedo	Iowa Employment Security Commission
Nora Guerrero	Migrant Representative
Rev. Paul H. King	Iowa Council of Churches
Leon Martinez	Migrant Representative
Carl Mealy	Mason City Public Schools
Ricardo Parades	Migrant Representative
Eloisa Puentes	Migrant Representative
Guadalupe Rodriguez	Migrant Representative
Gloria Thompson	Migrant Representative
Robert Tyson	Governor of Iowa

The following served as Board members during part of this year:

Leonard Acevedo	Migrant Representative
Robert Chesher	Iowa Bureau of Labor
Oscar Contreras	Migrant Representative

NAME	AGENCY OR GROUP REPRESENTED
Herb Jacobs	Mayor of Mason City
Henry Kramer	Catholic Parishes of Mason City
Rene Leal	Migrant Representative
Lola Rhem	Head Start Policy Council
Domingo Sanchez	Migrant Representative
Angel Ureno	Migrant Representative

MIGRANT ACTION PROGRAM

Full-Time Staff

1972

NAME	POSITION	CENTER
Ambrose, Terrence	Executive Director	Mason City
Barrera, Maximiliano Jr.	Outreach Worker	Muscatine
Cline, Larry	Accountant	Mason City
Curtis, Betty	Health Coordinator	Mason City
Edison, Lyla	Clerk-Typist	Mason City
Flores, Manuel	Outreach Worker	Mason City
Garcia, Jennie	Receptionist-Typist	Mason City
Garcia, Joe	Outreach Worker	Estherville
Garza, Arturo	Outreach Worker	Muscatine
Guzman, Jose	Outreach Community Advisor	Mason City
Hetherington, Mara Lea	Executive Secretary	Mason City
Johnson, Rita	Community Worker	Lake Mills
Lawless, Linda	Executive Secretary	Mason City
Marquez, Julia	Custodian	Mason City
Muck, Josephine	Bookkeeper	Mason City
Rhem, Lola	Parent Coordinator/Community Worker	Mason City
Rickman, Eleanor	Health Coordinator	Mason City
Seeberger, Eleanor	Project Nurse	Mason City
Sweetman, Charles	Education Coordinator	Mason City
Tucker, John	Education Coordinator	Mason City
Vega, Andres	Outreach Worker	Mason City

MIGRANT ACTION PROGRAM

Part-Time Staff

1972

NAME	POSITION	CENTER
Alarcon, Victoriana	Cook	Mason City
Alvarez, Ruben	Outreach Worker	Mason City
Anderson, James	Cook	Muscatine
Cardenas, Norma	Aide	Reinbeck
Cortez, Estilla	Aide	Muscatine
De La Cruz, Olga	Aide	Mason City
Duran, Olga	Outreach Worker	Mason City
Escobedo, Carmen	Cook	Mason City
Galindo, Socorro	Toddler Mother	Thompson
Garza, Rosemary	Aide	Mason City
Gomez, Maria	Cook	Muscatine
Gullord, Gayle	Cook	Thompson
Hernandez, Alfred	Outreach Worker	Shenandoah
Herrera, Rosalia	Aide	Muscatine
Jiminez, Blanca	Aide	Mason City
Laviada, Diane	Teacher	Muscatine
Lona, Maria	Aide	Thompson
Martinez, Elida	Toddler Mother	Muscatine
Miller, Connie	Public Health Nurse	Reinbeck
Miller, Shirley	Public Health Nurse	Thompson
Ovalle, Jesus	Outreach Worker	Mason City
Rabago, Dolores	Toddler Mother	Mason City
Railsback, Sara	Nursery Supervisor	Muscatine

NAME	POSITION	CENTER
Rivera, Maria	Aide	Mason City
Rivera, Sabina	Aide	Mason City
Rocha, Graciela	Cook	Mason City
Rodriguez, Graciela	Aide	Thompson
Rojas, Angelita	Teacher	Muscatine
Ruiz, Delmiro	Cook	Muscatine
Ruiz, Eugenia	Aide	Muscatine
Ruiz, Irma	Cook	Muscatine
Sifuentes, Soila	Aide	Thompson
Stirler, Kandace	Toddler Mother	Reinbeck
Stoakes, Neta	Teacher	Reinbeck
Thomas, Alma	Cook	Thompson
Thorland, Larry	Aide/Outreach Worker	Thompson
Valenzuela, Estela	Teacher	Muscatine
Valenzuela, Sanjuanita	Aide	Muscatine
Van Gerpen, Julienne	Cook	Thompson
Vargas, Bertha	Teacher	Thompson
Vargas, Francisco	Outreach Worker	Mason City
Vargas, Maria	Nursery Supervisor	Thompson
Vargas, Oscar	Outreach Worker	Mason City
Vargas, Ramon	Outreach Worker	Mason City
Vasquez, Anita	Aide	Muscatine
Vega, Ray	Teacher	Mason City
Vega, Tom	Custodian	Mason City
Vickers, Mary Ann	Nursery Supervisor	Mason City
Villalpondo, Herlinda	Aide	Muscatine

NAME	POSITION	CENTER
Weinkauf, Rochelle	Aide	Thompson
Wright, Thelma	Nursery Supervisor	Muscatine
Yzaguirre, Margarita	Cook	Muscatine